

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	US Pat.	ID NO.	DATE
FEE DETERMINATION	Sullivan		02-26-01
O.I.P.E. CLASSIFIER		43	3/15/01
FORMALITY REVIEW	H.S.	866	24.02.01
RESPONSE FORMALITY REVIEW	788	140	7-10-01

INDEX OF CLAIMS

✓ _____ Rejected
 • _____ Allowed
 - (Through numeral) _____ Cancelled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
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If more than 150 claims or 10 actions
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